

FLEXIPLACE WORK SCHEDULE

Employee_____

Date_____

Type of Flexiplace Schedule ☐ Fixed ☐ As Needed

Type of Alternative Work Schedule*

Type of Alternative Work Schedule

☐ Flexitour ☐ Gliding ☐ Compressed
☐ 5-4-9 ☐ 4-10

Week 1	Office	Alt.	Start	Finish
Mon	<input type="checkbox"/>	<input type="checkbox"/>		
Tue	<input type="checkbox"/>	<input type="checkbox"/>		
Wed	<input type="checkbox"/>	<input type="checkbox"/>		
Thu	<input type="checkbox"/>	<input type="checkbox"/>		
Fri	<input type="checkbox"/>	<input type="checkbox"/>		
Week 2	Office	Alt.	Start	Finish
Mon	<input type="checkbox"/>	<input type="checkbox"/>		
Tue	<input type="checkbox"/>	<input type="checkbox"/>		
Wed	<input type="checkbox"/>	<input type="checkbox"/>		
Thu	<input type="checkbox"/>	<input type="checkbox"/>		
Fri	<input type="checkbox"/>	<input type="checkbox"/>		

* If you select the flexitour or compressed schedule, indicate your proposed start and finish times in the space provided. It is not necessary to indicate start and finish times, if you select the gliding schedule.